#### Foodborne Alert Complaint Form \* Connecticut Department of Public Health \* Food Protection Program Fax to DPH FPP at: 860-509-8071 within 24 hours Date Complaint Received: **Data Entry Date:** by: Date Reported to FPP: \_\_\_\_\_ □ Alert □ Outbreak Time Received: Source of Complaint: \_\_\_\_\_ **Complaint Summary:** Phone #: H: \_\_\_\_\_ W: \_\_\_ Received by: Phone # \_\_\_\_\_ Address: Local HD: \_\_\_\_\_ Relationship to ill: Other Agency: **III Person: Symptoms:** (Number in Order of Occurrence) Name Onset Date Diarrhea: ☐Watery ☐ Mucus ☐ Bloody Street Address # Episodes in 24 hours \_\_\_\_\_ \_ Vomiting \_\_\_\_ Metallic Taste \_ Nausea \_\_\_\_ Tingling/Burning Mouth Citv/Town State Zip Abdominal Pain \_\_\_ Fever \_\_\_\_oF. \_\_\_ Blurred/Double Vision \_ Headache \_\_\_ Dizziness Home Phone Work Phone \_\_\_ Numbness Jaundice \_ Muscle Pain \_\_\_ Rash/Flushed Sex: □ F □ M DOB: Age: \_\_\_ Swelling Achy **Race:** □ White □ Black □ Hispanic Other: Retchina \_\_\_ Itching Prostration Occupation: Other Symptoms: City/Town Works in: ☐ FSE ☐ Daycare ☐ Health Care (Patient Contact) If FSE: City/Town Name Duration: \_\_\_\_\_ Volunteer Food Worker: ☐ Yes ☐ No Hours or days Suspect Food(s): \_\_\_\_\_ Date/Time Consumed: \_\_\_\_ Location: \_\_\_\_

THIS FORM TO BE COMPLETED BY A PUBLIC HEALTH OFFICIAL Case #: Case Last Name:

Food Purchased at:

Date/Time: Town:

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Other Clinical Data	Other Possible Exposures	
Health Care Visit: Yes □ No □ Hospital Visit: Yes □ No □	Seven (7) days before illness did you have exposure to the following?  Indicate <u>Date</u> and <u>Place</u> if applicable:  Y N	
Name of Health Care Provider and/or Hospital Town		
Date Admitted: Date Released:	☐ ☐ Out of state travel	
Diagnosis:Treatment:	□ □ III people/household members	
Clinical Specimens: ☐ Fecal ☐ Blood ☐ Urine	□ □ Diapered kids/adults at home	
□ Vomitus □ other	□ □ Children attend day care	
Antibiotics Taken? Yes □ No □  Date Collected:	□ □ Visit nursing home	
Collected By: Physician □ III Person Through Local HD □	☐ ☐ Handle Livestock/poultry	
Hospital □ Unknown □	□ □ Reptiles (snakes, lizards, turtles)	
Other   Other	□ □ Visit pet store	
Lab Results:  Death: Yes □ No □	□ □ Contact with birds	
Death:	□ □ III Pets	
Additional Environmental Data	□ □ Visit farm with animals	
Environmental Samples:	□ □ Animal carcasses or excreta	
Complaint Food Sample ☐ Comparison Food Samples ☐ Environmental ☐	□ □ Petting zoo	
	□ □ Recreational waters	
Lab Results:	□ □ Camping/Hiking	
Primary Source of Drinking Water: City/Municipal □ Well □ Bottled □	□ □ Occupation contact w/ human excreta	
Other:	☐ ☐ Attend large gathering (party, fair, etc.) # people:	
<b>Sewage Disposal:</b> Private Septic System □ City Sewer □ Unknown □	Other:	

THIS FORM TO BE COMPLETED BY A PUBLIC HEALTH OFFICIAL

Case #:

Case Last Name:

## **◆**DAY OF ILLNESS**◆**

## **♦** DAY BEFORE ILLNESS **♦**

## **♦TWO DAYS BEFORE ILLNESS**

Breakfast Date/Time:	Breakfast Date/Time:	Breakfast Date/Time:
Place prepared:	Place prepared:	Place prepared:
Place eaten:	Place eaten:	Place eaten:
To go: Time consumed:	To go: Time consumed:	To go: Time consumed:
<u>Items consumed / Qty</u> .	Items consumed / Qty.	Items consumed / Qty.
Snacks/Other	Snacks/Other	Snacks/Other
<u>Lunch</u> Date/Time:	Lunch Date/Time:	Lunch Date/Time:
Place prepared:	Place prepared:	Place prepared:
Place eaten:	Place eaten:	Place eaten:
To go: Time consumed:	To go: Time consumed:	To go: Time consumed:
Items consumed / Qty:	Items consumed / Qty:	Items consumed / Qty:
Qty Eaten:	Qty Eaten:	Qty Eaten:
<u>Dinner</u> Date/Time:	<u>Dinner</u> Date/Time:	<u>Dinner</u> Date/Time:
Place prepared:	Place prepared:	Place prepared:
Place eaten:	Place eaten:	Place eaten:
To go: Time consumed:	To go: Time consumed:	To go: Time consumed:
Items Consumed / Qty:	Items Consumed / Qty:	Items Consumed / Qty:
Snacks/Other	Snacks/Other	Snacks/Other
◆ Companions who ate same meal - Name/ Phone/ Meal:	◆ Companions who ate same meal - Name/ Phone/ Meal:	◆ Companions who ate same meal - Name/ Phone/ Meal:
WELL 🗆 ILL		WELL 🗆 ILL
Suspect Place:	Suspect Place:	Suspect Place:
Type: Full Serve Foot Food Poteil/ Creeers	Type: Full Serve Foot Food Poteil/ Cresery	Type: Full Carrie Foot Food Potail/ Cressry
Type: Full Serve Fast Food Retail/ Grocery	Type: Full Serve Fast Food Retail/ Grocery	Type: Full Serve Fast Food Retail/ Grocery
Ethnic Home Temporary Institution Mobile <u>Suspect Foods</u>	Ethnic Home Temporary Institution Mobile Suspect Foods	Ethnic Home Temporary Institution Mobile Suspect Foods